

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 18 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Boone
Township _____
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 23203
Registered No. 185
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3 W. Lyons St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21, 1925</u>		
7. AGE <u>8</u> YEARS	<u>9</u> MONTHS	<u>3</u> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone Co., Mo.
(STATE OR COUNTRY)

13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) Boone Co
(STATE OR COUNTRY)

15. MAIDEN NAME Effie Embert

16. BIRTHPLACE (CITY OR TOWN) Howard Co
(STATE OR COUNTRY)

17. INFORMANT John Williams
(ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 7-26-34

19. UNDERTAKER A. C. Freeman
(ADDRESS) Columbia Mo

20. FILED 7/25/34 Allie Selby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1934, to 7-24, 1934

I last saw him alive on 7-24, 1934. Death is said

to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

118C
191

191
East

Date of onset

Other contributory causes of importance:

Heat Prostration

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. J. Moore, M. D.

(Address) 715 1/2 E. Columbia

100

100

100

100

100

100

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

185

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name:

Victor Williams

Who died at

on

July 24 - 1934

Residence: No.

St.

(If nonresident, city or town)

Length of residence in city or

town where death occurred:

Years

Months

Days

Sex *m*

Color or race

B

Single,

~~married~~,~~widowed~~ or~~divorced~~:

Date of birth

Age:

Years

8

Months

9

Days

3

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month

Year

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death:

Gastritis Heart prostration
This child was an invalid from birth. Physicians says he does not know
Cause of gastritis

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician *O.A. Moore*

Address of physician

Calum Ma ma

Signature of Registrar

Allie Selby

Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No *73*Primary Reg. Dist. No. *3006*

E.T. McGaugh
Special Agent, State Registrar

5-23203